



Staff Training and Development Request

WOLSTANTON HIGH SCHOOL

NB: The booking must not be completed until the B.4 is accepted

Name: _____

Date: _____ am/pm/both Time: _____

Training provider: _____ Event code: _____ Venue _____ Cost _____

Which Professional Development objectives does this course support? (Please add comments):

1. Student progress
2. Team/Whole-School improvement
3. Professional development (teaching and learning/leadership)

How will the course have impact on Teaching and Learning?

How will the Department benefit?

How will the school benefit?

This request has been discussed with the head of department and line manager, both of whom have approved the application.

Staff signature: _____

Date _____

HOD signature: _____

Date _____

Line Manager signature: _____

Date _____

Evaluation of Training

The training met the following objectives:

Evaluation of training provider (circle and comment):

Excellent

Good

Satisfactory

Unsatisfactory

State how you are going to put your training into action, giving times for implementation:

Staff signature: _____ Date _____

Head of Department:

Line manager signature: _____ Date _____

A copy of this completed form needs to be kept in your CPD file and a copy to Mrs Hobson (Deputy Head)